

Do you love me? An empirical analysis of the feeling of love amongst children in out-of-home care

Mette Lausten & Signe Frederiksen

Abstract

Questions about whether love can be offered in residential child care units, whether combining child protection and safeguarding in social work with loving care or care with love is possible, and whether children and young people feel loved by someone who is paid to care for them, have raised long-standing issues. Social pedagogy puts such questions at the core of its philosophy and practice, and has been a fundamental part of care in Denmark for many years. Drawing on a Danish survey of 1,400 children in out-of-home care, this paper analyses the subjective feeling of love amongst children living in out-of-home care. The main moderating factors for feeling loved are the feeling of security and the feeling of social support, the tangible counterpart of Honneth's concept of recognition.

Keywords

Child and youth care, caring relationship, recognition, social support

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Introduction

Children in out-of-home care constitute one of the most vulnerable groups in society. Therefore, out-of-home care is provided to enhance life chances, to prevent vulnerability and to give children a secure upbringing. A key factor for all human beings developing into self-confident individuals is love (Honneth, 1995). Or as Bronfenbrenner (1991) puts it: 'Every child needs at least one adult who is irrationally crazy about him or her'. Nevertheless, questions about whether love can be offered in out-of-home care settings and whether loving care can be combined with child protection have raised long-standing issues (e.g. Cameron, 2013; Jakobsen, 2010; Smith, Fulcher & Doran, 2013). In Denmark social pedagogy has been a fundamental part of out-of-home care for many years and puts such questions at the core of its philosophy and practice. Hence this paper analyses whether children and young people in care can feel loved by someone who is paid to care for them.

Drawing on a Danish survey of 1,400 children in out-of-home care, we focus on whether children in foster care, residential institutions and socio-pedagogical homes feel loved. Residential institutions and socio-pedagogical homes follow socio-pedagogical principal to a high degree and are manned with trained staff. However, in Denmark a major part of children and young people in out-of-home care are placed in foster care which offers a more family orientated environment with less social-pedagogical guidelines and no specific requirements regarding qualifications. Despite the uncertainty of whether foster care uses socio-pedagogical guidelines we analyse both children in foster care, residential institutions and socio-pedagogical homes. Thus, we avoid constraining us to a selected sample of children in out-of-home care. First, we examine the feeling of love amongst the children. Second, we analyse which factors contribute to the child feeling loved at his or her out-of-home care setting.

The English word 'love' encompasses a range of moral imperatives and emotions. In Danish, the word 'love' is closely related to a romantic meaning, too close to the sexual meaning of 'making love'. Therefore, the word 'love' is hardly used in relations with other people even though you feel emotionally connected to them. Instead a Dane would use other phrases such as 'like', 'care for' or 'to be fond of'. Consequently, the Danish question of interest: 'Oplever du, at der er voksne her, der holder af dig?' is most correctly translated into: 'Do you feel that your caregivers love you?' as the Danish phrase 'holder af dig' is more than fondness or care for. And therefore we choose to use the word 'love' throughout the paper.

Out-of-home care in a Danish setting

On any given day of the year one percent of all Danish children aged 0-17 are in out-of-home care, a share that has not changed over the last 100 years (Ebsen & Andersen, 2010). What has changed, however, is the composition across care environments. Two centuries ago, children were placed in foster care to provide cheap labour to pay for their stay – often under miserable living conditions - or alternatively in some sort of institution-like facility such as reformatories, poorhouses and even prisons (Ebsen & Andersen, 2010). In the 20th century new tendencies inspired by the Enlightenment began to emerge in child welfare. Beliefs that children were individuals with growth potential that needed to be nurtured found footing, especially in progressive residential institutions, and were the starting point for a long tradition of therapeutic residential care institutions in Denmark.

After World War II the notion of treatment of social problems gained acceptance and in the 1970s the predominant concerns in child welfare were professionalism, innovation and emotional commitment (Egelund & Jakobsen, 2009). Social work in child welfare was not a calling but a profession that demanded skills; skills that led social pedagogy to gain ground in social work with children and young people. The long tradition of publicly owned residential care in Denmark was enlarged in the 1980s and 1990s with a new variation of privately owned residential settings called socio-pedagogical homes (Jakobsen, 2014), typically based on a married couple living at the setting and employing 24-hour staff. The main difference between publicly and privately owned residential care units is the size, as the average size of a publicly owned unit is 17; the average in privately owned units is nine.

The discussion of whether residential care and foster care provide the best care for children in need has been a long-standing concern. Within the last 30 years Denmark has experienced a move towards higher use of foster and kinship care, instead of placing children in institutional settings. Due to an increased focus on the prevention of family breakdown as well as a growing focus on economic constraints in the 1980s, the municipalities were urged to display economic responsibility, leading to cuts in the number of units in residential institutions and an elevated use of foster care (Ebsen & Andersen, 2010). Alongside the intense focus on prevention in the family, continuity and stability in the placement have been a high priority if a placement were the last option. Three main types of care environments dominate in Denmark today: foster care including kinship and network foster care (60 percent); residential care (20 percent), either public institutions or private foundations with public funding; and socio-pedagogical homes (13 percent), being small privately owned, not-for-profit institutions (see Lausten, 2014, for a more thorough presentation of the Danish care system).

Social pedagogy in Denmark

The development of social pedagogy in Denmark is intertwined with education and child welfare (Petrie, Boddy, Cameron, Wigfall & Simon, 2006). The ideas from the Enlightenment transforming child welfare at that time also gave inspiration to the first steps of social pedagogy. Especially the idea of 'education for all' has grown to be a key value in the Danish welfare state. Social pedagogy has contributed to this democratisation by advocating for underprivileged children's rights to education – not just education in the meaning of schooling but especially general education in a broad sense. For the most, teaching by social pedagogical principals is done in residential care units and socio-pedagogical homes. Whilst Denmark has residential care for children with no other problems than lack of parental care, the main part of all residential care units and socio-pedagogical homes is characterised as highly specialised therapeutic residential care (Jakobsen, 2014). Moreover, as Bryderup and Frørup (2011) point out, employees in Danish residential care units are usually skilled workers with a bachelor's degree, very different from the staff in other European countries where workers are often supervised but unskilled. In addition, employees in Danish residential care units and socio-pedagogical homes appear much more trained in supporting children and young people in need than are foster parents, who have their ordinary education – anything from primary school to vocational training as carpenter to a master degree – and a practical training-course of about five days with an annual two-day follow-up course (Lausten, 2014). Thus, when referring to children in residential care and socio-pedagogical homes, social pedagogy is an important tool in treatment and practice, whilst in foster care it is less clear how social pedagogy is practiced.

Recognition

Traditionally, the definitions of and methods used in social pedagogy in Denmark are not prescriptive (Bryderup & Frørup, 2011). Nonetheless, all professions commonly agree on the fact that social pedagogy work is based on attachment and recognition. Attachment theory in social pedagogy draws on the work of Bowlby where recognition theory draws on that of Axel Honneth (e.g. Bowlby, 1951, 2005; Cameron, 2013; Houston & Dolan, 2008; Warming, 2015). Bowlby's attachment theory is focusing on the attachment between child and carer as the primary factor to promote or inhibit future relations and a feeling of security (Boddy, 2011). Lack of information on early or present attachment deter us from using this psychological theory. Instead, we explore the critical recognition theory.

Honneth proposes a theory of recognition embedded in social life, a theory comprising a trichotomy of recognition: love, rights and solidarity (Honneth, 1995). According to Houston & Dolan (2008) this trichotomy of recognition

involves relationships of positive regard, legal rights, and community acknowledgement. 'Recognition', a key factor in promoting vulnerable children's realisation of a self, has a huge impact on what they perceive as 'the good life' and what scholars perceive as resilience 'against all odds' (e.g. Gilligan, 2005). Honneth explains that through recognition the child develops self-confidence, self-respect, and self-esteem. Therefore, the well-being and social integration of a human being is determined by the level of recognition that he or she receives from his or her surroundings (Honneth, 1995). Acknowledging that all three modes of recognition are necessary for the child to feel recognised, we focus in this paper on 'love' due to the fact that love in Honneth's terminology plays a significant role in out-of-home care. The mode of love consists of primary relations such as parent-child relation and friendships providing emotional care and supportive relationships. Honneth characterises love as a complex site of emotional interactions in which affection, attachment, trust, and the struggle to achieve a balance between symbiosis and self-assertion is important (Honneth 1995; Thomas 2012). This way this theoretical framework is well-suited when analysing the feeling of love amongst children in out-of-home care.

Data

Data used for empirically analysing the struggle for recognition and the feeling of love amongst children in out-of-home care is drawn from two distinct, albeit complementary, sources of data on children in out-of-home care. The first source is administrative data, available for research purposes at Statistics Denmark, on all children in 2014, using a personal identification number to link information about demographic, ethnic and socioeconomic backgrounds; diagnosed illnesses (including mental illness); delinquency; and placement in out-of-home care. The second data source derives from a national indicator survey on 'Wellbeing among Children and Young People In Out-of-home Care' (Ottosen, Lausten, Frederiksen & Andersen, 2015). This survey was carried out by SFI – the Danish National Centre for Social Research in 2014 amongst 2,600 randomly selected children and young people, aged 11, 13, 15, and 17 years, who were placed in an out-of-home care arrangement at the time of the data collection.

Due to attrition – a well-known difficulty among vulnerable informants – the survey element consists of 54 percent of the sample, i.e. 1,404 full questionnaires on wellbeing in several dimensions many of which concern the mode of love. The children and young people are living in foster care (64 percent), residential care (17 percent), socio-pedagogical homes (12 percent), boarding schools or their own dwelling (7 percent). For the purpose of this analysis, we exclude the last group of children and young people in out-of-home care.

Our key question in analysing the feeling of love is: 'Do you feel that your caregivers love you?'. In addition to administrative information we use survey questions on social support, security and mental wellbeing as explanatory variables. Forming the indicator of social support, we use the three questions: (1) 'You can rely on that your caregiver will listen to you', (2) 'You can get advice from your caregiver if needed', and (3) 'You can count on getting help if you need it'. The child can answer on a 5-point Likert scale, from 'always' to 'never'. We merge the affirmative answers to all three questions to provide an indicator of high social support from the caregivers. To operationalise the feeling of security amongst the children and young people in out-of-home care, we include a question on security asking: 'Do you feel secure here where you live?'. An additional factor is the child's mental health and wellbeing measured through the Strengths and Difficulties Questionnaire (SDQ). SDQ is a brief behavioural screening questionnaire covering children's and teenagers' behaviours, mental health conditions and positive attributes (Goodman, 1999).

Table 1 shows selected descriptive statistics of the children and their parents, all by type of placement. It shows that gender does not matter, as boys and girls are not placed in different types of out-of-home care settings. However, age, physical health, and parental background matter. Children in foster care are younger than those in residential care, who in turn are younger than children in socio-pedagogical homes. Children in foster care are younger when placed in care for the first time, stay in care for longer periods, and are more likely to have been in only one care environment (i.e. the one they are in now), than children in residential care or in socio-pedagogical homes.

Table 1

Descriptive statistics on central factors for the sample of children and young people in out-of-home care in Denmark, 2014

	Foster care	(1)	Residential institutions	Socio-pedagogical homes	(2)
Child-specific characteristics:					
Share of boys	50.6		55.6	55.9	
Share of 15- and 17-year-olds	44.8	*	58.1	68.2	*
Share of children with self-reported disability or chronic disease	18.1	*	30.5	25.8	
Child's age at first placement in out-of-home care	5.9	*	9.5	9.2	
Child's total duration in care in years	7.9	*	5.0	5.4	
Share of children in long-term care (in care more than 5 years)	55.4	*	18.4	20.0	
Share of children with only one care environment	59.0	*	37.2	26.5	*
Parent-specific characteristics:					
At least one parent with educational qualifications	37.1	*	51.3	50.0	
At least one parent employed	35.2	*	48.1	57.0	*
Parents live together	11.4	*	14.0	20.1	
Mother of ethnic Danish origin	91.7	*	82.7	88.9	*
Child-answered questions on care and support:					
Feel loved by caregiver	87.0	*	48.0	58.2	
Feel loved by their parents	64.2	*	72.8	74.1	
Feel high social support from caregiver	67.9	*	36.0	37.2	
Feel secure at the care setting	91.8	*	52.9	62.3	
Good state of mental health	80.9	*	66.4	68.9	
No. of observations	886		227	153	
Share of survey population	70.0		17.9	12.1	

Source: Survey data 'Wellbeing among Children and Young People In Out-of-home Care' from SFI – The Danish National Centre for Social Research and administrative data from Statistics Denmark, 2014

Note:

- (1) * indicates significant difference between children in foster care and children in residential care /socio-pedagogical homes at a 5 percent level.
- (2) * indicates significant difference between children in residential care and children in socio-pedagogical homes at a 5 percent level.

Generally, Table 1 shows a pattern of significant differences between the children in the three different placements. The stars in column (1) indicate that children in foster care differ significantly in all but one factor from children in both residential care and socio-pedagogical homes: Their parents are less likely to be well-educated, employed, or to live together. Moreover, children in foster care more often reported that they feel loved by their caregiver, feel high social support, and to a large extent feel more secure with their caregivers than children in the other two categories. At the same time, children in residential care and socio-pedagogical homes differ from each other only in a few of the descriptive factors: age, number of care environments, and some parental socio-economic factors.

In all, as Frederiksen (2012) and Lausten (2014) also point out, the pattern in Table 1 suggests that just as foster care differs from residential care-like units, in terms of both size and educational skills, children in foster care also differ from children in residential care-like units in terms of vulnerability and parental background.

The feeling of love

As to the subjective feeling amongst children and young people in out-of-home care of being loved by their caregiver, Table 1 shows that 87 percent of those in foster care always feel loved by their foster parents, whereas 48 percent of those in residential care and 58 percent of those in socio-pedagogical homes feel the same way. This substantial difference in the share who always feels loved pinpoints one of the core differences between foster care and residential care. Although both groups of caregivers are paid to take care of children, foster parents give love and support in a familiar care setting at home, working at home. In contrast, residential care staff always works away from home, in an institutional setting, employing their knowledge and skills of the force of social pedagogy, while being constrained by the institutional objectification of the institutionalised child (Jakobsen, 2010), maybe putting less effort into love and support and more into safeguarding children and fulfilling their basic needs. However, the descriptive figures in Table 1 do not take the difference between the children in the distinct care settings into account. To explore this further we use a statistical model.

Returning to the aim of this article, our purpose was to examine the factors contributing to a child's feeling of being loved by his or her caregivers. Specifically, we analyse separately what factors contribute to these feeling for children in residential care institutions, in socio-pedagogical homes and in foster care. For this purpose we use logistic regressions. The odds ratios of these analyses appear in Table 2. We also discuss the structural differences of the three care settings in relation to the factors contributing to feeling loved.

Table 2

Odds ratios on the probability of feeling loved at the care setting

	Foster care	Residential institutions	Socio-pedagogical homes
Child-specific characteristics:			
Boys	-	-	-
15- and 17-year-olds	-	-	-
Self-reported disability or chronic disease	-	-	-
Long-term care (in care more than 5 years)	1.8	-	6.0
Only one care environment	-	-	-
Child-answered questions on care and support:			
Feel loved by their parents		2.4	
Feel high social support from caregiver	6.5	7.8	7.1
Feel secure at the care setting	10.6	2.9	-
Good state of mental health	-	2.5	-
No. of observations	860	214	147

Source: Survey data 'Wellbeing among Children and Young People In Out-of-home Care' from SFI – The Danish National Centre for Social Research and administrative data from Statistics Denmark, 2014

Note: All odds ratios shown in the table are statistically significant at a 5 percent level. ' - ' indicates 'not significant'. It is important to mention, that we cannot compare the odds ratios across the three groups/models due to omitted variables, even when these variables are unrelated to the independent variables in the model (for further discussion see Mood, 2009).

As to what contributes to whether a child feels loved by his or her caregiver, different factors matter depending on the care facility. For children in foster care the feeling of being secure is the most important factor. If the child reports that he or she feels secure in foster care, he or she is ten times more likely to also feel loved by the foster carer. Furthermore, if the child has high social support, the likelihood of feeling loved is more than six times greater. Lastly, having lived with the same foster family for a long time (more than five years) raises the likelihood of feeling loved by the caregiver by almost a factor two.

The most important factor contributing to a child's feeling loved by his or her caregiver when living in residential institution is high social support. Having high social support increases the likelihood of feeling loved more than seven times. Moreover, we find the feeling of being secure, having good state of mental health, and feeling loved by the biological parents increases the likelihood of feeling loved by caregivers two to two-and-a-half times.

Only two factors appear to contribute to the feeling of being loved amongst children placed in socio-pedagogical homes. The most important one is high social support, which increases the likelihood of feeling loved more than seven times. The second contributing factor is having been in long-term care in a socio-pedagogical home more than five years. This factor increases the likelihood of feeling loved by a factor six.

Age, gender, or the child's having a disability or a long-term illness (self-reported) does not appear to make a difference. Neither does the child's still living at his or her first placement facility. These findings apply to all three types of facilities. High social support is the only factor important for children in all three types of out-of-home care.

Love through social pedagogical work

The question is now how we can link the results of the analyses with the practice of social pedagogy at the care settings. Results show that social pedagogical staff is capable of seeing beyond age, gender and disability when fulfilling their care obligations.

Long-term care has a positive influence on the feeling of being loved for children in foster care and children in socio-pedagogical homes. Being in long-term care can be seen as a proxy for stability and continuity in the placement, giving the child the opportunity to feel confident at the place and with the surrounding persons, developing a sense of belonging (Smith et al., 2013). Having a child at the same care setting for a longer period enhances the possibility of a closer relationship between child and caregiver(s). This closer relationship can in turn strengthen the feeling of being loved.

For both children in residential care and children in foster care, we find that the feeling of being secure in the care setting increases the likelihood of feeling loved by the caregiver. Children in out-of-home care often come from disrupted and unstable homes, leaving these children without a secure base with their biological parents. According to Gilligan (2000) one important goal for care facilities is to provide the foundation for these children to create a 'base camp' – a place or a network to which they can return for support. Much of this foundation is built in the everyday and the ordinary and lies in routines and repetition (Gilligan, 2000). Smith emphasises the importance of rhythm and rituals for creating stable, secure, and predictable surroundings for children who have experienced a great amount of chaos (Smith, 2009). Through these rhythms and rituals the child and the caregiver find common ground on which they can build. Thus creating a secure base for children in out-of-home care through repeated everyday practices contributes to a basis for love and recognition.

High social support is the only factor with huge importance for children's feeling of being loved in all three types of care settings. When a child experiences high social support at all times in any situation, the probability of feeling loved is six to seven times higher. In Houston & Dolan (2008)'s combination of Honneth's theory of recognition with a tangible concept of social support, social support is defined as primary relations as perceived and available emotional and therapeutic support. In addition, they argue that the importance of care is a form of recognition in social relationships. Thus, out-of-home care settings are bound to provide social support to children in care. The results from our analysis suggest that if the care settings are able to provide social support to the child – in our case social support is defined as trust, guidance, and accountability, the three questions that form the indicator of social support – the children in out-of-home care do feel loved.

Foster families, residential institutions and socio-pedagogical homes attempt to remedy the lack of proper care through different methods. Foster families clearly use the family-like setting/environment as a method for providing everyday routines and being present 24 hours a day. Although residential institutions and socio-pedagogical homes also use routines and repetitions, they do so in a much more structured manner. At the same time, staff in residential institutions are not available all hours. These differences in routines and presence contribute differently to children's feeling of being loved.

In addition to child protection and secure care, social support with emotional and caring recognition is the essential ingredient for feeling loved. In this article we have empirically analysed whether combining professional care in out-of-home care with loving care or care with love is possible. Our findings show that the majority of children and young people in Danish out-of-home care always feel loved by their caregivers. Additionally, high social support and the feeling of

being secure in the care setting enhance the feeling of love. These elements contribute to the foundation on which recognition can be obtained. Children's emotional development and their ability to create social relations and hence the feeling of recognition are strongly linked to loving care and social support; key elements of the Danish social pedagogy that they receive in out-of-home care.

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